

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator William E. Hendon, Jr. Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

Address 601 N. Loraine, Suite 111, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐ Change in Operating Name
Change in Ownership ☐

If change of ownership give name and address of previous owner: _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE
Lease Name 35 Well No. #1 Pool Name, including Formation Shreveport Plains Kind of Lease R-7396 12-1-83 Lease No. NM14000
New Mexico Federal Bone Springs State, Federal or Fee Federal
Location
Unit Letter B : 760' Feet From The North Line and 1980' Feet From The East
Line of Section 35 Township 18S Range 32E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
P & O Falco, Inc. P. O. Box 108, Shreveport, LA 71161
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company P. O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit B Sec. 35 Twp. 18S Rge. 32E Is gas actually connected? No When _____

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

COMPLETION DATA
Designate Type of Completion - (X) XX Oil Well XX Gas Well XX New Well XX Workover XX Deepen XX Plug Back XX Same Res'v. XX Diff. Res'v. XX
Date Spudded 8/25/81 Date Compl. Ready to Prod. 10/16/81 Total Depth 13,701' P.B.T.D. 10,465'
Elevations (DF, RKB, RT, CR, etc.) 3729 G.L. Name of Producing Formation Bone Springs Top Oil/Gas Pay 8650' Tubing Depth 8713'
Perforations 86662'-8682' w/ 2 JSPF Depth Casing Shoe 13,651'

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE 11" CASING & TUBING SIZE 8 5/8" casing DEPTH SET 4571' SACKS CEMENT existing, unknown
7 7/8" 5 1/2" casing 13,651' 1200 ex class H
Unknown 2 7/8" tbq 8713' -None

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>6/7/83</u>	Date of Test <u>6/7/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping, 22' x 1 1/2" x 2' insert</u>
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-----</u>	Casing Pressure <u>0</u>
Actual Prod. During Test	Oil-Bbls. <u>10</u>	Water-Bbls. <u>25</u>
		Gas-MCF <u>TSTM</u>

GAS WELL
Actual Prod. Test-MCF/D ----- Length of Test ----- Bbls. Condensate/MMCF ----- Gravity of Condensate -----
Testing Method (prior, back pr.) ----- Tubing Pressure (Shut-in) ----- Casing Pressure (Shut-in) ----- Choke Size -----

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robbie O'Donnell
(Signature)
Production Clerk
(Title)
September 6, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 14 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
SEP 13 1983
O.C.B.
HOBBS OFFICE